

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051967

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** LANGSTADT PAULY CHARTERED

**Current Principal Place of Business:**

815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-2896513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANGSTADT, OLIVER J  
815 PONCE DE LEON BLVD., SUITE P-201  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LANGSTADT, OLIVER J  
Address: 815 PONCE DE LEON BLVD., SUITE P-201  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM  
Name: PAULY, CLEMENS W  
Address: 815 PONCE DE LEON BLVD., SUITE P-201  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLEMENS PAULY

MGRM

02/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date